

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015- UU4785**

SFUND RECORDS CTR
999000366

GENERATOR (Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

② Name **ALUMINUM COMPANY OF AMERICA**

Name **OPERATING INDUSTRIES INC.**

Name **De Mendo Kerdous**

EPA NO. **CAD074126681**

EPA NO. **CAD080012024**

EPA NO. **00000673180100**

Address **5151 ALCOA AVE.** Phone No. **588-6141**
City, State, Zip **VERNON, CA 90058**

Address **900 N. POTRERO GRANDE DR.**
City, State, Zip **MONTEREY PARK, CA**

Address **2230 RUSA AVE. 2000 Alameda**
City, State, Zip **West Covina, CA Compton, CA**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE Alum Sludge	N/A	N/A	5,000	gals
WASTE				

CONTAINERS NUMBER: **1**
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **#7**

⑦ EX. HAZ. WASTE PERMIT NO. **N/A**

⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A. Water	90		<input checked="" type="checkbox"/> % <input type="checkbox"/> ppm.	E.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. Sludge	10		<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.				

Non Hazardous Material **100** %

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **ALUMINUM OXIDES & WATER**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **K. Kump**
Signature of Authorized Agent and Title

10-3-83
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **CAD028277036**

ADDRESS **13419 Halldale Avenue** PHONE NO. (213) 321-1392
CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **10-3-83**
TIME **9:30** ☒ AM ☐ PM

⑯ **John Stacey (Driver)**
Signature of Authorized Agent and Title

Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **CAD080013352** 18 QUANTITY (If Measured)
EPA NO. **CAD080013352** 19 STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

5001255

㉑ HANDLING OR DISPOSAL METHOD:

- ☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME
EPA NO. **CAD080013352**

㉓ **Manuel Pente**
Signature of Authorized Agent and Title

10-13/83
Date Accepted

TO TRANSPORTER